

The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XIII

OCTOBER, 1957

No. 8

The New Code Of Ethics

Elsewhere in this issue the new "Principles of Medical Ethics of the A.M.A." is published. Five years of hard work and a great deal of thought and deliberation went into the making of this excellent document, which was adopted by the House of Delegates at the A.M.A.'s June convention in New York.

The new Code of Ethics is short and streamlined. It totals 522 words against some 4,000 words for the old. It stresses principles rather than particulars. Instead of spelling out specific rules covering all ethical problems in all parts of the country, it limits itself to broad statements of general principles which are as applicable in Massachusetts as they are in Alabama. It is expected that all state societies will supplement the A.M.A.'s "Principles" with codes of their own to suit local needs and conditions.

Of special interest to Hampden District at the moment is the reiteration by the A.M.A.'s new code that "Drugs, remedies, or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient." Our Society has protested vigorously on more than one

occasion against the Massachusetts Drug Act of 1954, which prohibits the dispensing of drugs by physicians even in the most urgent of circumstances. This Drug Act is obviously contrary and, one may say, diametrically opposed to the new as well as the old Codes of Ethics. The recent reaffirmation by the A.M.A. will undoubtedly encourage our Society to intensify its fight against a law which is as detrimental to the practice of medicine as it is to the health of the public.

Most important of all, however, is that we now have a new and up to date A.M.A. statement of Principles. This, coupled with the Code of Ethics of the Massachusetts Medical Society, should provide ample and adequate guidance in the ethical conduct of our profession. On those rare occasions when no answer is found in either of these codes, we can always turn to Matthew 7:12, which appears as a very apt codicil to the Code of Ethics of the Massachusetts Medical Society:

"Therefore all things whatsoever ye would that men should do to you, do ye even so to them."

M.

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
—Hippocrates, 430 B.C.

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IS YOUR CADUCEUS SHOWING?

The familiar "Caduceus", attached fore and aft to an automobile, has long been recognized as a symbol of the physician-motorist. It all began with the green cross some fifty years ago, when the doctor was becoming "motorized". Originally the red cross was the popular insignia of hospitals, health departments and physicians. However, when Congress decreed that the term "Red Cross" be restricted to the national organization bearing that name, physicians began to devise substitutes from which the present Caduceus evolved. The process of its evolution may well be surmised from the annual "Auto Issues" of the A.M.A. long discontinued. Interest of the physician in his motor car was much more vigorous then than now. As a courtesy, municipal authorities would countenance some pretty frisky behavior of the doctor's car on

the assumption that the zealot at the wheel was on an "errand of mercy". The doctor was frequently bound by an "honor code" of his local motor club to maintain the dignity of his driving, and to refrain from abusing the privilege accorded the Caduceus on his car.

No uniformity of design appeared until the "twenties" when the present insignia was sponsored by the A.M.A. This incorporated the green cross with the knotted rod which represented the problems of medicine, and the entwined serpent to signify wisdom. The background of gold and red were the traditional colors of the physician's robe: gold for the sun, red for the elixir of life. An effort was made to control the use of this original insignia by copyright, by the assignment of a number to each plate, and by the addition of the letters "M.D."

But these precautions unfortunately failed, with the consequent dilution of the significance to the "Caduceus" to a considerable degree. Artful copies are now everywhere to be found. Even at short distances the counterfeit is not always discernible. The catalogue of one dealer in "Signs and Letters" shows the availability of dozens of insignia that "proudly emphasize the respect that is due every professional man's vehicle and tells the world that the automobile's owner is a doctor" . . . "It will ensure you the courtesies of Traffic Officers and other members of your profession . . ." In stock are Caducei not only for the physician but also for the dentist, osteopath, chiropractor, chiropodist, podiatrist, naturopath, hospital administrator, medical technician, nurse, druggist and others.

Address Business Correspondence to:

Dr. John E. Leary
146 Chestnut Street — Springfield, Mass.
Telephone: RE 4-3381



The offering of an all-purpose or adjustable type to which any two or more letters may be attached, teases the imagination to devise additional designations that may some day appear on cars. Examples that come to mind are: "C. D." for Doctor's Cousin; "H. C." for Hospital Cook; or, possibly, and what should prove most popular, "D. P." for Doctor's Patient.

As a result many physicians have abandoned the use of the Caduceus, a practice to be regretted. A new insignia with reliance upon public sentiment to preserve its individuality, seems desirable. New York state has apparently solved its problem by imprinting the letters "M. D." on the automobile's registration plate. Shall we in Massachusetts strive for something similar, or shall we go back to wearing the red and the gold?

Holleran

NEW COMMITTEES

At the meeting of September 24, two new committees were created by amendment to Chapter VI of our by-laws (Hippocrat, September, 1957). The following were appointed to serve on these committees:

Committee on Insurance, Labor Relations and Industrial Accidents

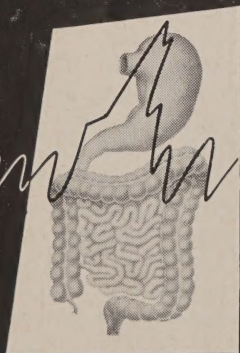
Dr. Eugene W. Beauchamp, chairman, for a term of 4 years. Dr. Warren D. Platt, Jr., for a term of 3 years. Dr. Ralph T. Miller, for a term of 2 years, and Dr. Donald R. Hayes, for a term of 1 year.

Committee on Malpractice and Medico-Legal Affairs

Dr. Wayne C. Barnes, chairman, for a term of 4 years, Dr. John W. Turner, for a term of 3 years, Dr. Edward J. Ferrarone, for a term of 2 years, and Dr. James L. Smead, for a term of 1 year.

Allen S. Johnson, M. D.,
President

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SEARLE

SEPTEMBER MEETING HIGHLIGHTS (Rovelli's Restaurant)

This is the largest attendance in history of Hampden 213 or almost 45% of membership President Johnson postpones business until after scientific program Topic is "Protection Of The Individual And The Community Against Radiation Fallout".

First speaker is Dr. John L. Tullis, Pathologist, associate of Dr. Shields Warren of Boston Military effect of atom bomb covers area of 25-30 miles Fallout effect has 2 types: "Immediate" and "Distant" Latter may disseminate for many years over 200-mile area There are 60 fission products but only three are important medically: Iodine 131, Strontium 90, which is a "bone seeker" and has half life of 90, and Cesium with half life of 33 years Genetically, "fallout" is harmful as proven, by experiments on 60 million houseflies over a period of six years It shortens life and threatens to wipe out all gains made by medical progress There are, however, other things that shorten life too, such as smoking, or too many calories Being 25% overweight shortens life by 1300 days . . .

Second speaker is Dr. Donald E. Currier of the State Civil Defense Committee Knowledge and information is essential Indoors cuts atomic blast dangers to 50% The basement is even better Here it is cut to 10% Decontamination pamphlets and others obtainable free from Washington Third and final speaker is Mr. William Forrest, Springfield Civil Defense Director Without medical profession Civil Defense is impossible In case of atomic bombing doctors will be evacuated to designated areas He appeals for support and cooperation

Next comes business Sections 9 and 10 are amended to Chapter

VI (Hippocrat, Sept. 1957) President Johnson appoints Nominating Committee: Howard N. Simpson, chairman, John A. Burke, and Ralph T. Miller He urges everybody to apply for membership in Massachusetts Medical Benevolent Society He announces that Auxiliary will be invited to meeting of December 3.

Upon recommendation of Dr. Barnes, chairman of Special Study Committee, it is voted to discharge said committee Bill Donoghue reports for Blue Shield Professional Service Committee Whereas Blue Shield cost increased but very little since 1947, Blue Cross, on the other hand, has more than doubled Considerable discussion about action and remarks of Executive Councilor at May meeting of State Society Motion is carried that By-Laws Committee be appointed to formulate amendment which would compel Executive Councilor to carry out wishes of majority of District Society President Johnson appoints as By-Laws Committee: Max Millman, Chairman, Edward P. Bagg, Charles A. Diamond and Alfonso A. Palermo. Meeting adjourns long after 11 P. M.

The fifteenth annual New England Postgraduate Assembly will take place this year at the Statler Hotel, Boston, November 5, 6 and 7. The program, which promises to be very interesting, has been approved for formal credit by the American Academy of General Practice. (Category 1, 15 hours.) Luncheon symposia, exhibits and Ladies' programs are also included. Registration fee is \$10.00. Dr. Earle M. Chapman is chairman.


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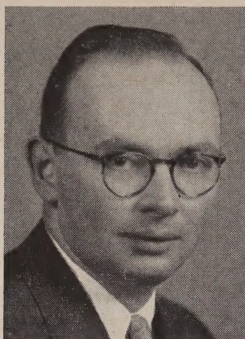
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*T.M.

MD-J-397



NEW MEMBERS



MICHAEL GREEN, M. D.

Born: Dec. 9, 1920

Place of Birth: Burlington, Vermont

Private Office: 83 Maple Street, Springfield, Mass.

Home: 292 Forest Park Avenue, Springfield

Specialty: 1. Psychoanalysis; 2. Child Psychiatry

Degrees: Rutgers University - B.A. 1942

New York Medical College - M.D. 1950

Internship: St. Elizabeth's Hospital 1950-1952

Washington, D. C.

Residency: Yale University - 1952-1956



LEE HIRSCH, M. D.

Born: July 7, 1926, New York, N. Y.

Office: 130 Maple Street, Springfield, Mass.

Medical Degree: Columbia College of Physicians and Surgeons, 1950

Internship: Jewish Hospital in Brooklyn, New York.

Residency: Bellevue Hospital Medical Center in New York City—Dec. 1956

Specialty: Ophthalmology

Home Address: 46 B Longmeadow Street, Longmeadow, Mass.

A HOT AND A HIGH SPOT

As he was leaving the Statler last May after addressing the Massachusetts Medical Society, Paul White paused in the lobby to greet me and a colleague whom he had known through the Heart Association. I introduced to him a younger practitioner who was waiting nearby.

Just back from his hurried trip to the Near East to see an ailing premier, P. D. gave us a graphic account of his experiences,—the most trying of any to date, he said. The ancient premier shall be nameless, also the unstable regime that was menaced by Red-inspired opposition, in order to spare Paul international embarrassment that might in the future limit his global usefulness.

The elderly official was prostrated after a severe bout of lobar pneumonia and required rest. But he insisted on being moved to his home to demonstrate to the electorate that he still had life enough to merit return to office. The street outside the hospital was jammed with shouting citizens, so much so that the military needed force to propel Paul through the mob to the waiting limousine. They opened the door and hurled our consultant into the rear seat beside the premier just as the driver let in the clutch. The patient managed to wave one hand, smiling and bowing the while, as Paul with grave concern counted his pulse in the other wrist. The ride was accomplished without casualties or real danger except when the ecstatic premier sealed his gratitude with Friedlander-laden kisses on both cheeks of the hearts-across-the-sea cardiologist.

The younger member afterward told me that the chance meeting with the great man who addressed him with such patent friendliness, was the high point for him in the whole three-day meeting. No, Paul does not change with the years except that he is wiser. If you must pursue unique myocardial wave-patterns, he advises that you stick to whales,—they are comparatively safe. Also, if you would see similar spots, attend meetings!

E. P. B.

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CORRESPONDENCE

Dr. White Appreciates

Dear Hippocrat:

I am delighted with the September issue of the Hampden Hippocrat and especially pleased to note that the Editorial Board considered the item of the Massachusetts Medical Benevolence worthy of the first place in the editorial column.

Also, I enjoyed very much reading the item later in the Bulletin entitled Benevolence and Hampden written by S. Q. Lapius and Harold Holleran. I wonder if S. Q. Lapius isn't Dr. Ned Bagg.

Perhaps you would like to insert this letter in one of your approaching numbers as my appreciation note about your September number.

Paul D. White, M.D.

(Rumor has it Dr. White, that Ned and S. Q. L. are one and the same. Ed.)

Exfoliative Cytology

Dear Hippocrat:

Exfoliative cytology as a means of diagnosis is no longer a pure instrument of research. Numerous publications and recent national and international meetings, such as the Meeting of the College of American Pathologists in Chicago and the Pan-American Cancer Cytology Congress in Miami, Florida, have firmly established its immense value in the diagnosis of early cancer. There is, moreover, sufficient evidence to postulate that, in some instances, it is superior to the results obtained with the conventional biopsy. Dr. Joe Meigs, in a film prepared by the American Cancer Society and ready for release this autumn states that 23,000 women die yearly of cancer of the cervix. He further states that in the application of exfoliative cytology we have a means to recognize early lesions, especially carcinoma in situ before clinically demonstrable cancer

becomes apparent.

In this state a number of cytology laboratories are well-prepared and well-equipped to do cyto-diagnostic work. In the city of Springfield we are fortunate to have the Springfield Cytology Laboratory which was established three years ago at the Municipal Hospital with the active support and financial help of the American Cancer Society. This non-profit cytology laboratory, which is now self-supporting by charging three dollars for the examination of each case, is under the direct supervision of the senior pathologists of the three general hospitals of Springfield, and is directed by a well-trained cytophysician. Smears for exfoliative cytology diagnosis, prepared by conventional methods, are mailed or brought to the laboratory and a report of the findings is mailed directly to the physician. The value of the work done in such a laboratory may be best illustrated by the fact that at the Springfield Cytology Laboratory, within the three years of its existence, 46 cases of carcinoma in situ of the cervix have been diagnosed in women who presented no clinical evidence of the disease.

William Kaufmann, M.D.

Joseph Rini, M.D.

Theodore Brand, M.D.

Flu Vaccine Muddle

Dear Hippocrat:

Physicians are besieged daily with requests for injections against Asiatic Flu. For this our patients can hardly be blamed, what with press, radio and television urging them constantly to get their shots as early as possible. The only trouble is that no vaccine is available, at least not to the physician.

Another question we often hear these days is: "Doctor, they are giving Flu injections where I work, is it all right for me to have one?" You answer the

question, and then begin to wonder. How come the factories, the pressure agencies and the insurance companies obtained the vaccine ahead of the doctors? What happened to all the talk about priorities to essential personnel? Then we hear that some of the vaccine in use by some agencies is the old polyvalent variety which is quite useless in the prevention of the Asian Flu. There are rumors also about black market and about drug houses favoring some individuals and agencies. All and all the situation seems as muddled as was the polio vaccine situation several months ago. Now that this vaccine is plentiful, interest in it has almost completely vanished.

It is difficult to tell wherein the fault exactly lies. Perhaps it lies with our governmental health agencies that avowedly would have nothing to do with the distribution of the Flu vaccine. Perhaps the fault is our own. Perhaps it isn't altogether too late for our Societies, State or District, to initiate steps that would lift the fog, clarify the Flu vaccine situation and bring order out of the existing chaos.

Ralph T. Miller, M. D.

(Editor's note:

The above communication was referred to Dr. John C. Ayers, Commissioner of Health, City of Springfield. His comment follows:)

"Dr. Miller is right.

"In an effort to correct the Flu Vaccine situation a joint conference was held on September 30 by the Public Relations and Public Health Committees of the District Society and the Springfield Health Department. It was the considered opinion of the group that this was more than a local problem, and that the matter should be referred to the Massachusetts Medical Society for state-wide action."

P—R CONCLAVE

Dear Hippocrat:

On August 27 I had the privilege of representing Public Relation Council or Joseph M. Baker at the A.M.A.'s

Public Relations Institute in Chicago. The big city, rainy and gray, was inflamed with pennant fever which was soon doused by three straight White Sox defeats to the Yankees.

Our first session covered medical-press problems. One got the impression that it is local ground rules that count. In Cleveland, for instance, no one got too upset because Herb Score got his name in the papers but in Houston, the same aroused the wrath of the local medical society. The general impression is that a more liberal policy in regard to mentioning doctors' names in print (without allowing flagrant attempts to reap personal publicity) is gradually gaining favor.

Later in the day, a seminar on Public Relations (or PR, as we soon sophisticatedly began to call it) on the County Society level was held. Emergency medical service, indoctrination of new members, medical press liaison, medical exhibits at county fairs—these were among the subjects mentioned. The PR committee begins gradually to emerge as an aggressive but polite arm of the society, dedicated to positive attempts to garner good will rather than to trouble shooting.

Lawyer—doctor relationships in Ohio, the malpractice problem in Utah and the Iowa Society's experience with the state legislature, came in for considerable comment at the next morning's seminar. A last word warning about legislation to be submitted next year in Congress to make the Federal Government responsible for all hospital charges of Social Security recipients, and we were on our way to a superb lecture on Asian flu. Then, back to Bradley Field.

A Society meeting featuring an A. M. A. speaker on the Social Security problem, would seem well worth while.

R. J. Maher, M. D.

CLINICAL AND PERSONAL

The Springfield Academy of Medicine inaugurated its 1957-58 season on Tuesday, September 10, with a meeting which promises to go down as one of its finest in fifty year old history. The topic was "Lesions of The Stomach", and the participants were three members of the Lahey Clinic Boston: Drs. Sara M. Jordan, Director of Gastroenterology, Samuel F. Marshall, surgeon, and Robert E. Wise, radiologist. The presentation was very well received by one of the largest crowds ever to attend an Academy meeting.

Earlier in the day, at 5 P.M., a very interesting clinical conference, or pre-meeting clinic was presented by the above speakers at the Mercy Hospital. 75 physicians attended. The next pre-meeting clinic of the Academy will be held at the Springfield Hospital on October 8, 1957, 5 P.M. The topic will be "Epilepsy" and the speaker will be Dr. Jose Delgado of Yale University School of Medicine. The November 12 clinical conference of the Academy will take place at the Wesson Memorial Hospital, 5 P.M.

* * * *

Donors to the Noble Hospital, Westfield, will soon be able to see what their money is buying. Mr. Keller, superintendent of construction, estimates that, barring a particularly aggressive hurricane or other "act of God", the building will be substantially "closed-in" by the year's end. Due to commendable foresight the cement strike did not affect the building schedule.

The old and new buildings being adjacent, the structure that has served the community for sixty years continues with "business as usual".

* * * *

The new Providence Hospital, Holyoke, is six months ahead in construction. The exterior of the building is now finished and the interior masonry partitions are almost completed. Plumbing, heating, ventilating, oxygen piping and elevator construction have also kept up with construction progress. The heating system will be ready for

operation in October enabling all trades to carry on their work uninterrupted during the winter months.

* * * *

An all-day seminar in Neurology will be presented at the Soldiers' Home, Holyoke, on Wednesday, November 20, 1957. Doctor Joseph Foley, Boston City Hospital, and Doctor Simon Hornstein, Carney Hospital, Boston, will preside over meetings from 10 to 1, 2 to 5 and 7:30 to 9:30 that day. It is planned to include a number of both Medical and Surgical topics. Registration fee is \$10.00 and any profits resulting from the course will be donated to the Providence Building Fund. Send fee to R. J. Maher, M.D., 337 Appleton St., Holyoke.

No charge to interns, residents and military personnel.

WHAT PRICE RETIREMENT

In 1940 a person could retire on \$4,000.00 and live very comfortably. To secure such income he would need investments of \$77,760 in industrial stocks, \$114,590 in corporation bonds or 159,800 in municipal bonds.

To produce the same standard of living today, he would require \$8,300, and to produce this income would require \$206,820 of industrial stock, \$213,610 in corporation bonds, or \$232,510 in municipal bonds.

(The Financial World)

THINGS WORTH KNOWING . . .

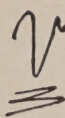
That the Massachusetts Medical Society urges its members to express in writing to Dr. Richard H. Sweet, Chairman, Blue Shield Policy Committee, 205 Beacon St., Boston, their views on Blue Shield Fees and Fee Policies.

That besides the information called for on the printed back of the Birth Certificate one must also record the weight of the baby, and certify that Silver Nitrate has been placed in its eyes.

That premarital examinations must be recorded on the forms provided for this purpose, and that these may be secured from city or town clerks.

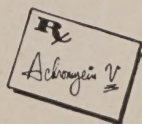
Miller

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REMEMBER THE V WHEN SPECIFYING



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*REG. U. S. PAT. OFF.

THE CONVENTION IN RETROSPECT

The A.M.A. Convention of last June is worthy of report because of the perfection in arrangements and in setting. The Coliseum in New York is an impressive structure, beautifully located at Columbus Circle with Central Park nearby. Nearly twenty thousand doctors were registered plus a similar number of guests. Every facility was available, including escalators, cafeterias and snack-bars. The scientific exhibits as usual were crowded. A special feature, which proved very popular were the question and answer conferences.

Never before were the technical exhibits displayed to such advantage. In one booth there were June roses climbing up gleaming white trellises; in another there were pretty Geisha girls dispensing Japanese fans. There was a conspicuous absence of the usual souvenirs and samples. Everything in fact was on a very high plane with the various representatives anxious to explain their products rather than distribute samples to all and sundry.

One could hardly avoid hoping that some day soon our own capitol of Boston may provide a convention hall similar to what New York offers. Arlington Street, opposite the Public Gardens, seems a good location. It might prove a well worthwhile undertaking judging from Walter Winchell's comment that the doctors were the greatest spenders New York had seen in many a day, leaving eight million dollars in hotels, stores and theatres. Anyway it was a great convention and a wonderful vacation.

E. C. D.

HOT FLASH

The National Society For Crippled Children And Adults, Inc. has just issued a "Directory of Camps for the Handicapped". The Directory has been prepared with the assistance of the American Camping Association and the American Academy of Pediatrics. The Directory sells for 50 cents and may be obtained from the National Society for Crippled Children and Adults, Inc., 11 South LaSalle Street, Chicago 3, Illinois. Please enclose your check with your order.

FOR PAIN

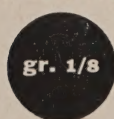
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ANTIMICROBIC PROPHYLAXIS

Lately grave concern has been expressed in medical circles over excessive use of antimicrobics and the resulting establishment of anti-microbial-resistant flora in the naso-pharynx of hospital patients and personnel, in infections of surgical wounds, and in other nosocomial diseases. This has been brought to the fore particularly by the increasing frequency with which pathogenic staphylococci are found that are resistant to penicillin and other antibiotics. Some observers state that the incidence of penicillin-resistant staphylococci in hospital patients is roughly proportional to the amount of penicillin used in the hospital. Moreover, alarming evidence is accumulating that among hospital patients staphylococcal infections are now becoming the chief causes of death due to bacterial diseases.

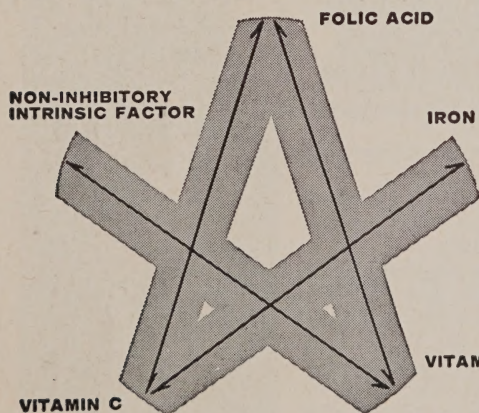
Except for the psittacosis-lymphogranuloma group of viruses, antimicrobics have no effect on viruses; hence,

they should not be used in the therapy of viral infections. Unfortunately, patients and parents often insist on the use of antimicrobics in the presence of fever or what appears to be a respiratory tract infection in the hope that the affliction is caused by a susceptible organism. If not, then perhaps, some secondary complicating bacterial infection may be prevented by the antimicrobial. This unfortunately, may also be the rationalization of the attending physician who, although fully aware of the risks involved, finds it difficult to refuse the demand.

Critical soul searching is mandatory when the use of antimicrobics is contemplated for the prophylactic treatment of such infections as the common cold, influenza, and other similar respiratory infections of viral origin particularly, during the coming season of colder weather when and if "Asiatic Flu" may be rampant in our midst.

Ayres

WHY PRONEMIA IS ACTIVE IN ALL TREATABLE ANEMIAS



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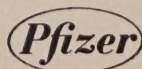
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Principles of Medical Ethics of the American Medical Association

(Below appears the new "Principles" of the A.M.A. as adopted at the New York convention last June. Ed.)

These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

Section 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

Section 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

Section 3.—A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

Section 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

Section 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having under-

taken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

Section 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

Section 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interest of the patient.

Section 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

Section 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

Section 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

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HISTORY of the SPRINGFIELD ACADEMY OF MEDICINE

by

WILLIAM A. R. CHAPIN, M. D.

(Editor's Note: On March 13, 1957 the Academy commemorated its 50th anniversary with a special-dinner meeting held at the Sheraton Kimball Hotel. A highlight of the program was Dr. Chapin's history of the Academy, a condensed version of which is here-with presented.)

During the early part of 1907, a number of meetings were held by a small group of interested physicians, which led to the formation of the Springfield Academy of Medicine, and ultimately to the election of officers on the evening of April 9, 1907. The names that featured prominently during this organizational period are those of Drs. A. O. Squier, G. H. Finch, Walter Weiser, F. W. Chapin, and William P. Hayes. The first president elected was Dr. W. A. Smith, and the first secretary was Dr. J. I. Butler. Of the 18 original or charter members only two are still with us. They are Dr. Theodore Bacon and Dr. James Comins*.

During the first six years of its existence the Academy met in four different places: The Cooley, Highland and Kimball hotels and Harmony Hall. In 1913, the Academy, incredible as it may sound, purchased a home of its own, at 349 State Street. This was accomplished by the sale of 10-year bonds to the amount of \$11,550. The Academy, however, found it difficult to finance this venture, and three years later (1916) sold the property to Dr. Fred Brigham, presumably at a profit. Next it moved to 137½ State Street, first upstairs, then downstairs. April 12, 1927 there appears for the first time a notation by the Secretary of a meeting at 20 Maple Street, where the Academy was to remain for more than 20 years.

*Dr. Comins has since expired, April 3, 1957.

In 1948 the Academy began to meet in the Women's Club. In October of 1953 it was voted to move to the Municipal Hospital, and in September of 1954 the first meeting was held in its beautiful and spacious Auditorium.

From its very beginning the chief purpose of the Academy has been the post-graduate education of the doctor. Nevertheless, we find that earlier in its history much of its effort was devoted also to political and socio-economic problems. Thus we find that a Certified Milk Committee was appointed in 1909; dealings with the Industrial Accident Board in 1913; a fight against a Chiropractic Act in 1932, and listening to a grievance against doctors who were habitually getting on the radio in 1935. Matters of this nature, as is well known, are handled today almost exclusively by The Hampden District Medical Society. As a parallelism the District Society which years ago often sponsored scientific programs, today restricts its efforts exclusively to the ethical and socio-economic phases of medicine. The memberships of the two organizations greatly overlap, and they have cooperated with one another on numerous occasions, as witness the Springfield Rehabilitation Center and the recent Health Forums. According to the last revision of the Academy's by-law (1956) its purposes are: (a) To foster postgraduate education in the various branches of medicine and dentistry, (b) To maintain an active medical library, and (c) To promote health education in the community.

It is interesting to note that the library of the Academy began in 1915 with several medical books borrowed from the Springfield Library Association. Since then it has increased in size enormously so that today it carries on its shelves no less than 5000 books and subscribes to 45 medical journals. It receives its support from two sources: (1) regular membership dues, and (2) supporting membership contribution from business and industry. The library, which is surpassed in

Massachusetts only by the Massachusetts Medical Library, is used not only by the medical profession but also by colleges, business, industry and insurance companies.

Financially the Academy has had a somewhat "checkered" career but all and all has done not too badly. Dues at the outset were \$5.00 per annum. In 1915 they were raised to \$10.00. In the same year the nurses registry was acquired from the Springfield Hospital, and Miss Bacon came to work for the Academy. One of the chief difficulties at that time was the collection of dues which in 1915 amounted to \$1,400 in arrears and in 1934 to \$1,000. In 1944 Miss Marion Smith of Ware left \$2,000 to the Academy. The nurses' registry, which used to bring in about \$1,000 annually was turned over to the Nurses' Association in 1941. In 1953, as mentioned earlier, it was voted to move to the present quarters at the Municipal Hospital. The move required \$14,000 which has been amortized by a \$10.00 annual assessment over a period of five years. The Academy has now a tidy sum in its coffers but not enough to build a home of its own. It is to remain for another seven years in its present quarters and possibly longer. Its present home is unquestionably superior to anything it has ever had in the past.

The Academy began with eighteen charter members; today there are more than 350 members. Attendance at meetings is high compared with other Academies. During its 50 years of existence some 500 scientific meetings were held, and these were addressed by an even larger number of prominent guest speakers, including personalities such as the late Chevalier Jackson and Frank Leahy. At the January 14, 1957 meeting Dr. M. Fishbein, Editor of the Journal of the American Medical Association, became ill and was forced to broadcast his speech from his room at the Kimball Hotel. In 1932 the Acad-

emy commemorated its 25th anniversary with a dinner-meeting held at the Kimball Hotel. In the early years of the Academy's existence clinical cases would be presented. The most interesting of these was probably the one by the late Dr. Eastman who reported the case of an infant successfully succled by its grandmother. In recent years case reports have been omitted perhaps for the purpose of enabling the membership to return home in time to watch the "\$64,000 Question".

During its first 50 years the Academy has contributed greatly to the medical advancement and to the health of the public in the greater Springfield area. The future of the Academy lies with every member who is willing to contribute of his effort toward the further growth and development of this wonderful organization—The Springfield Academy of Medicine.

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